OFFICE OF



UTAH

AMBULATORY SURGERY DATABASE

2012 PUBLIC - USE DATA FILE USER MANUAL

Version I June 2015

UTAH HEALTH DATA COMMITTEE
OFFICE OF HEALTH CARE STATISTICS
UTAH DEPARTMENT OF HEALTH

288 NORTH 1460 WEST, Box 144004 SALT LAKE CITY, UTAH 84114- 4004 Phone: (801) 538- 6700 Fax: (801) 237-0787

Webpage: health.utah.gov/hda

CONTENTS

	Page
Introduction	1
File Layout	5
Description of Data Elements	9
Provider identifier(facility)	10
Patient's age (in categories)	11
Patient's gender	
Source of admission	
Patient's discharge status	13
Patient's residential postal zip code	
Patient's residential county	16
Suggested division of local areas	17
Patient cross-county migration status	18
Principal diagnosis code	18
Secondary diagnosis code 1-8	18
Procedure code type	19
Procedure code 1-6 as CPT	
Procedure code 1-6 as ICD-9	19
Total charge	20
Primary payer category	
Secondary-Tertiary payer category	20
Discharge quarter	
Record ID number	20
Procedure category 1-6	
Procedure EAPG (3M Enhanced Amb. Patient Groups)	
Procedure EAPG type 1-6	28
Procedure EAPG category 1-6	28
Appendix A. Utah Facility Profile	29

INTRODUCTION

Utah Health Data Committee

The Utah Health Data Committee, composed of 15 governor-appointed members, was created through the Utah Health Data Authority Act of 1991. The Committee is staffed by the Office of Health Care Statistics, which manages the Utah Ambulatory Surgery Database.

Utah Ambulatory Surgery Database

Administrative Rule R428.11 became effective in March, 1998, mandating that all Utah licensed hospital and freestanding ambulatory surgical facilities shall report information on selected ambulatory surgeries, beginning with January 1, 1996. The database contains the consolidated information on complete billing, medical codes, and personal characteristics describing a patient, the services received, and charges billed for each visit for a selected subset of ambulatory surgical procedures. Eighty one Utah ambulatory surgical facilities submitted data in 2012. Shriner's Hospital for Children was added to this data in 2012. Starting with 2010, the records from University Health Care (UHC) facilities have undergone a dramatic revision. They have identified that they were previously under-reporting many of their procedures, especially GI or Eye procedures, that typically might be performed outside of the operating room and in procedure rooms located in their clinics or health centers. The improved reporting not only includes increases at the main University Hospital & Clinics campus but also the other campuses including the Orthopedic Specialty Center and Huntsman Cancer Hospital and complete reporting from John A. Moran Eye Center. In addition, UHC is now reporting data from ten new health centers that have been added as a new category of facility. Other facilities that started reporting in 2010 include Alpine Surgery Center, Granite Peaks Endoscopy Center, St. George Endoscopy Center, American Fork Surgery Center, and Mountain West Endoscopy Center. The current reporting by the FASCs is incomplete and caution should be used when trying to perform market level comparisons with this data. In 2012, 7 out of 33 possible FASCs with at least two beds did not report data. Despite this figure, reporting improvements have been made in the last year. However, continual efforts will be made over the next few years to further the completeness of this reporting.

Selected Ambulatory Surgeries Reported in Utah

Only the following CPT-4 (Current Procedural Terminology) or ICD-9-CM (International Classification of Diseases, 9th Revision, Clinical Modification) surgical procedure codes are reported, whether or not they are the principal procedure:

TYPES OF SURGICAL SERVICES SUBMITTED IF PERFORMED IN OPERATING OR PROCEDURE ROOM

DESCRIPTION	CPT-4 CODES	ICD-9-CM PROCEDURE
CODES		
Mastectomy	19120-19220	85.0-85.99
Musculoskeletal	20000-29909	76.0-84.99
Respiratory	30000-32999	30.0-34.99
Cardiovascular*	33010-37799	35.0-39.99
Lymphatic/Hematic	38100-38999	40.0-41.99

Digestive System*	40490-49999	42.0-54.99
Urinary	50010-53899	55.0-59.99
Male Genital	54000-55899	60.0-64.99
Female Genital	56405-58999	65.0-71.99
Endocrine/Nervous	60000-64999	01.0-07.99
Eye	65091-68889	08.0-16.99
Ear	69000-69979	18.0-20.99
Nose, Mouth, Pharynx	CPT Codes in	21.0-29.99

Musculoskeletal & Respiratory

Heart Catheterization 93501-93660 ICD-9 Codes in Cardiovascular

Public-Use Data Files (PDF)

The Ambulatory Surgery Public-Use Data Files are designed to provide general health care information to a wide spectrum of users with minimal controls. A request for a PDF can be approved by the Director of the Health Care Statistics without further review.

Two different public data files are released for 2012 ambulatory surgery data (see page 5 for data elements and file descriptions).

Data Processing and Quality

<u>Data submission</u>: The Health Data Plan provides data element definitions to ensure all hospitals will report similar data. The Office of Health Care Statistics receives discharge data quarterly from ambulatory surgical facilities in various formats and media. The data are converted into a standardized format.

<u>System Edits</u>: The data are validated through a process of automated editing and report verification. Each record is subjected to a series of edits that check for accuracy, consistency, completeness, and conformity with the definitions specified in the Data Submittal Manual. Records failing the edit check are returned to the data supplier for correction or comment.

<u>Facility Reviews</u>: Each facility is provided with a 15 working day review period to validate the compiled data against their facility records. Any inconsistencies discovered by the facilities are reevaluated or corrected.

<u>Missing Values</u>: When dealing with unknown values, it is important to distinguish between *systematic* omission by the facility (e.g., for facilities that were granted reporting exemption for particular data elements or which had coding problems that deemed the entire data from the facility unusable), and *non-systematic* omission (e.g., coding problems, invalid codes, etc.). While systematic omission creates potential bias, non-systematic omission is assumed to occur randomly. The user is advised to examine missing values by facility for each data element to be used. The user is likewise advised to examine the number of observations by facility by quarter to judge if a facility under-reported for a given quarter, which occasionally happens due to data processing problems experienced by a facility.

Patient Confidentiality

The Committee has taken considerable efforts to ensure that no individual patient could be identified from the PDF. Patient age and payers are grouped. Utah residential zip codes with less than 30 visits in a calendar year are grouped into county abbreviations, and outside Utah zip codes with less than 30 visits are grouped in state abbreviations.

^{*} See Notes on page 3 for exceptions added to the CPT-4 list.

Agreement to Protect Patient Confidentiality

The data collected by the Utah Health Data Committee may be used only for the purpose of health statistical reporting and analysis or as specified in the user's written request for the data; any effort to determine the identity of any reported cases is prohibited. No one will attempt to link this data set with individually identifiable records from any other data sets.

Notes on the 2012 Ambulatory Surgery Data

This is the seventeenth year of statewide reporting of ambulatory surgery data in the state of Utah. Data suppliers' information systems vary considerably, as do data formats. Facility-to-facility comparisons are not encouraged for the first four years of data. Comparing hospital-based to freestanding surgery center facilities are especially challenging due to the differences in billing practice and general operations. Coding practices and formats are evolving over time as the data suppliers adapt to this new statewide reporting requirement.

The data are collected from two types of facilities: hospital-based ambulatory surgery centers (hospitals) and freestanding ambulatory surgery centers (FASCs.) These facilities varied in their reporting of procedure codes in 2012. Most hospital-based surgery centers reported both ICD9 and CPT4 procedure codes, while most freestanding ambulatory surgery centers report CPT4 procedure codes. There is no effective "crosswalk" tool to translate or compare these two procedure coding methods. Therefore, the user will have to be careful in how these data are used. Administrative Rule R428-11 was revised to require reporting of both ICD9 and CPT4 procedure codes starting with the surgeries performed in 1998.

The data include a variable which indicates whether each data record contains only ICD9 codes, only CPT4 codes, or both. The data analyst will find it helpful to compute a cross-tabulation table of facility by this variable (Provider Identifier by Procedure Code Type).

For procedure codes, there is no CPT code that can be used as a PRIMARY procedure code unless it is the only CPT code in a record or if all CPT codes reported on a single record are the same.

The CPT-4 and ICD-9 Procedure Code List found in the Types of Surgical Services Submitted table on page 1 is used as inclusion criteria for this data. Additional non-ambulatory codes that may be submitted are included in this database prior to 2005 but are not comparable across facilities because they are not submitted uniformly. Any analysis and reporting of this data should be limited to comparable ambulatory codes on this Procedure Code List. Starting with 2005, we have attempted to only include procedures found in the Procedure Code list except as noted below. In addition we have added additional 3M Enhanced Ambulatory Procedure Groups fields starting in 2009 that may aid in analysis. The procedure EAPG types of "02=Significant Procedure" and "25"=Other Diagnostic Procedure can be used as a guide to help determine which CPT-4 procedures are truly surgical/diagnostic in the database. These EAPG fields are not compatible with the APG fields used from 2005 to 2008.

Starting with 2005, the Blood Draw related CPT-4 codes "36000", "36415", and "36600" were removed from the inclusion criteria and are not considered Cardiovascular procedures. In addition, the temporary HCPCS Level II Colorectal cancer screening colonoscopy codes "G0104", "G0105", "G0106", "G0120", and "G0121" were added to the list for the Digestive System procedures and are retained in the database if reported.

Data Format

Standard format for the public data file is fixed ASCII code on a CD-Rom. Requests for other formats, such as a SAS data set, will be considered.

Citation

Any statistical reporting or analysis based on the data shall cite the source as the following: *Utah Ambulatory Surgical Data File (2012)*. Utah Health Data Committee/Office of Health Care Statistics. Utah Department of Health. Salt Lake City, Utah. 2015.

Redistribution:

Users shall not redistribute the Utah Ambulatory Surgical Data File in its original format. Users shall not redistribute any data products derived from the file without written permission from the Office of Health Care Statistics, Utah Department of Health.

FILE LAYOUT

RECORD LAYOUT OF PUBLIC USE DATA FILE I (2012.1)

	DATA ELEMENT	TYPE*	WIDTH	POSITION** From To	EXAMPLE VALUES	Pg
1	Provider identifier (hospital)	Char	3	1 - 3	101, 102,	9
2	Patient's age (in categories)	Num	3	4 - 6	0,1,,21	12
3	Patient's gender	Char	1	7 - 7	M,F	12
4	Source of admission	Char	1	8 - 8	1,2,,9,A-F	12
5	Patient's discharge status	Char	2	9 - 10	01,02,	131
6	Patient's postal zip code	Char	5	11 - 15	84000, AZ	4
7	Patient's residential county	Num	3	16 - 18	1,2,	16
8	Patient cross-county migration	Char	1	19 - 19	Y,N	18
9	< blank >		1	20 - 20	,	
10	Principal diagnosis code	Char	5	21 - 25	8180,81513	18
11	Secondary diagnosis code 1	Char	5	26 - 30	8180,81513	18
12	Secondary diagnosis code 2	Char	5	31 - 35	8180,81513	18
13	Secondary diagnosis code 3	Char	5	36 - 40	8180,81513	18
14	Secondary diagnosis code 4	Char	5	41 - 45	8180,81513	18
15	Procedure 1 as CPT	Char	9	46 - 54	56399, 38100	19
16	Procedure 2 as CPT	Char	9	55 - 63	56399, 38100	19
17	Procedure 3 as CPT	Char	9	64 - 72	56399, 38100	19
18	Procedure code type	Num	3	73 - 75	0,1,2	19
19	Total charge	Num	10	76 - 85	498.68	20
20	Primary payer category	Char	2	86 - 87	01,02,	20
21	Secondary payer category	Char	2	88 - 89	01,02,	20
22	Tertiary payer category	Char	2	90 - 91	01,02,	20
23	< blank >		3	92 - 94		
24	Discharge quarter	Char	1	95 - 95	1,2,3,4	20
25	Record ID number	Num	10	96 - 105	32000010	20
26	Secondary diagnosis code 5	Char	5	106 - 110	8180,81513	18
27	Secondary diagnosis code 6	Char	5	111 - 115	8180,81513	18
28	Secondary diagnosis code 7	Char	5	116 - 120	8180,81513	18
29	Secondary diagnosis code 8	Char	5	121 - 125	8180,81513	18
30	Procedure 4 as CPT	Char	9	126 - 134	56399, 38100	19
31	Procedure 5 as CPT	Char	9	135 - 143	56399, 38100	19
32	Procedure 6 as CPT	Char	9	144 - 152	56399, 38100	19
33	1st procedure category	Num	2	153 - 154	0,1,2,	21
34	2nd procedure category	Num	2 2	155 - 156	0,1,2,	21
35	3rd procedure category	Num		157 - 158	0,1,2,	21
36	4th procedure category	Num	2	159 - 160	0,1,2,	212
37	5th procedure category	Num	2	161 - 162	0,1,2,	1
38	6th procedure category	Num	2	163 - 164	0,1,2,	21
39	Procedure 1 as ICD9	Char	4	165 - 168	480,9711	19
40	Procedure 2 as ICD9	Char	4	169 - 172	480,9711	19
41	Procedure 3 as ICD9	Char	4	173 - 176	480,9711	19
42	Procedure 4 as ICD9	Char	4	177 - 180	480,9711	19
43	Procedure 5 as ICD9	Char	4	181 - 184	480,9711	19
44	Procedure 6 as ICD9	Char	4	185 - 188	480,9711	19
	(Continued)					

^{*}Variable Type (if data requested as SAS data set): Char=Character, Num=Numeric
**Column position (if data requested as ASCII file)

RECORD LAYOUT OF PUBLIC USE DATA FILE I (2012.1) cont'd

			· · · · · · · · · · · · · · · · · · ·			
	DATA ELEMENT	TYPE*	WIDTH	POSITION** From To	EXAMPLE VALUES	Pg
45	Procedure EAPG 1	Char	3	189 - 191	000, 001,,999	22
46	Procedure EAPG 2	Char	3	192 - 194	000, 001,,999	22
47	Procedure EAPG 3	Char	3	195 - 197	000, 001,,999	22
48	Procedure EAPG 4	Char	3	198 - 200	000, 001,,999	22
49	Procedure EAPG 5	Char	3	201 - 203	000, 001,,999	22
50	Procedure EAPG 6	Char	3	204 - 206	000, 001,,999	22
51	Procedure EAPG Type 1	Char	2	207 - 208	01,02,,12	28
52	Procedure EAPG Type 2	Char	2	209 - 210	01,02,,12	28
53	Procedure EAPG Type 3	Char	2	211 - 212	01,02,,12	28
54	Procedure EAPG Type 4	Char	2	213 - 214	01,02,,12	28
55	Procedure EAPG Type 5	Char	2	215 - 216	01,02,,12	28
565	Procedure EAPG Type 6	Char	2	217 - 218	01,02,,12	28
7	Procedure EAPG Category 1	Char	2	219 - 220	01,02,,46	28
58	Procedure EAPG Category 2	Char	2	221 - 222	01,02,,46	28
59	Procedure EAPG Category 3	Char	2	223 - 224	01,02,,46	28
60	Procedure EAPG Category 4	Char	2	225 - 226	01,02,,46	28
61	Procedure EAPG Category 5	Char	2	227 - 228	01,02,,46	28
62	Procedure EAPG Category 6	Char	2	229 - 230	01,02,,46	28

^{*}Variable Type (if data requested as SAS data set): Char=Character, Num=Numeric **Column position (if data requested as ASCII file)

RECORD LAYOUT OF PUBLIC USE DATA FILE III (2012.3)

	DATA ELEMENT	TYPE*	WIDTH	POSITION From	ON** To	EXAMPLE VALUES	Pg
1	Provider identifier (hospital)	Char	3	1 -	3	101, 102,	9
2	Patient's age (in categories)	Num	3	4 -	6	0,1,,21	11
3	Patient's gender	Char	1	7 -	7	M,F	12
4	Patient's discharge status	Char	2	, 8 -	9	01,02,	13
5	Patient's residential county	Num	3	10 -	12	1,2,	16
6	Principal diagnosis code	Char	5	13 -	17	8180,81513	18
7	Procedure 1 as CPT	Char	9	18 -	26	56399,38100	19
8	Procedure 2 as CPT	Char	9	27 -	35	56399,38100	19
9	Procedure 3 as CPT	Char	9	36 -	44	56399,38100	19
10	Procedure code type	Num	3	45 -	47	0,1,2	19
11	Total charge	Num	10	48 -	57	498.68	20
12	Primary payer category	Char	2	58 -	59	01,02,	20
13	Record ID number	Num	10	60 -	69	32000010	20
14	1st procedure category	Num	2	70 -	71	0,1,2,	21
15	2nd procedure category	Num	2	72 -	73	0,1,2,	21
16	3rd procedure category	Num	2	74 -	75	0,1,2,	21
17	Procedure 1 as ICD9	Char	4	76 -	79	480,9711	19
18	Procedure 2 as ICD9	Char	4	80 -	83	480,9711	19
19	Procedure 3 as ICD9	Char	4	84 -	87	480,9711	19

^{*}Variable Type (if data requested as SAS data set): Char=Character, Num=Numeric
**Column position (if data requested as ASCII file)

DESCRIPTION OF DATA ELEMENTS

```
Provider Identifier (see Appendix A for alphabetized facility characteristics)
Facility from which patient was discharged (facility name in 2012)
             101 = BEAVER VALLEY HOSPITAL
             102 = MILFORD VALLEY MEMORIAL HOSPITAL (CAH) (not reporting)
             103 = BRIGHAM CITY COMMUNITY HOSPITAL
             104 = BEAR RIVER VALLEY HOSPITAL
             105 = LOGAN REGIONAL HOSPITAL
             106 = CASTLEVIEW HOSPITAL
             107 = LAKEVIEW HOSPITAL
             108 = DAVIS HOSPITAL & MEDICAL CENTER
             109 = UINTAH BASIN MEDICAL CENTER
             110 = GARFIELD MEMORIAL HOSPITAL
             111 = ALLEN MEMORIAL HOSPITAL (to be renamed MOAB REGIONAL HOSPITAL (CAH))
             112 = VALLEY VIEW MEDICAL CENTER
             113 = CENTRAL VALLEY MEDICAL CENTER - CAH
             114 = KANE COUNTY HOSPITAL - CAH
             115 = FILLMORE COMMUNITY MEDICAL CENTER - CAH
             116 = DELTA COMMUNITY MEDICAL CENTER - CAH
             117 = JORDAN VALLEY MEDICAL CENTER
             118 = ALTA VIEW HOSPITAL
             119 = COTTONWOOD HOSPITAL MEDICAL CENTER (closed 2007)
             120 = SALT LAKE REGIONAL MEDICAL CENTER
             121 = LDS HOSPITAL
             122 = PRIMARY CHILDREN'S MEDICAL CENTER
             124 = ST. MARK'S HOSPITAL
             125 = UNIVERSITY HEALTH CARE/UNIVERSITY HOSPITALS & CLINICS
             126 = PIONEER VALLEY HOSPITAL
             128 = SAN JUAN COUNTY HOSPITAL (CAH)
             129 = GUNNISON VALLEY HOSPITAL (CAH)
             130 = SANPETE VALLEY HOSPITAL - CAH
             132 = SEVIER VALLEY MEDICAL CENTER
             133 = MOUNTAIN WEST MEDICAL CENTER (formerly TOOELE VALLEY REGIONAL MEDICAL
CENTER)
             134 = ASHLEY REGIONAL MEDICAL CENTER
             135 = OREM COMMUNITY HOSPITAL
             136 = AMERICAN FORK HOSPITAL
             137 = MOUNTAIN VIEW HOSPITAL
             138 = UTAH VALLEY REGIONAL MEDICAL CENTER
             139 = HEBER VALLEY MEDICAL CENTER (CAH)
             140 = DIXIE REGIONAL MEDICAL CENTER
             141 = MCKAY-DEE HOSPITAL CENTER
             142 = OGDEN REGIONAL MEDICAL CENTER
             144 = TIMPANOGOS REGIONAL HOSPITAL
             145 = CACHE VALLEY SPECIALTY HOSPITAL (opened 2000)
             146 = INTERMOUNTAIN MEDICAL CENTER (opened 2007)
             147 = PARK CITY MEDICAL CENTER (opened 2009)
             148 = RIVERTON HOSPITAL (opened 2009)
             305 = SHRINER'S HOSPITAL FOR CHILDREN
             307 = THE ORTHOPEDIC SPECIALTY HOSPITAL
             309 = UHC ORTHOPAEDIC CENTER
            310 = UHC HUNTSMAN CANCER HOSPITAL
             401 = CENTRAL UTAH SURGICAL CENTER
             403 = INTERMOUNTAIN AVENUES SURGICAL CENTER (formerly Intermountain Surgical
```

Center)

404 = MCKAY-DEE SURGICAL CENTER

405 = PROVO SURGICAL CENTER (closed end 2006)

```
406 = SALT LAKE ENDOSCOPY CENTER (not reporting)
407 = SALT LAKE SURGICAL CENTER
408 = ST. GEORGE SURGICAL CENTER
409 = ST. MARK'S OUTPATIENT SURGICAL CENTER
410 = THE SURGICARE CENTER OF UTAH (2nd floor (surgical floor) of The Eye Institute of Utah)
411 = WASATCH ENDOSCOPY CENTER
412 = MADSEN SURGERY CENTER (formerly WASATCH SURGERY CENTER)
414 = MOUNT OGDEN SURGICAL CENTER
415 = DAVIS SURGICAL CENTER
416 = UHC MORAN EYE CENTER
417 = SOUTH TOWNE SURGICAL CENTER
418 = PARK CITY SURGICAL CENTER (closed in spring 2006)
419 = NORTHERN UTAH ENDOSCOPY CENTER
420 = RIDGELINE ENDOSCOPY CENTER
421 = ZION EYE INSTITUTE
422 = UTAH SURGICAL CENTER
423 = CORAL DESERT SURGERY CENTER
424 = MOUNTAIN WEST SURGICAL CENTER
425 = INTERMOUNTAIN PARK CITY SURGICAL CENTER (opened June 2008, closed fall 2009)
426 = LAKEVIEW ENDOSCOPY CENTER
427 = RIVERWOODS SURGERY CENTER
428 = ALPINE SURGERY CENTER
429 = GRANITE PEAKS ENDOSCOPY CENTER
430 = ST. GEORGE ENDOSCOPY CENTER
```

506 = UHC REDWOOD HEALTH CENTER

507 = UHC REDSTONE HEALTH CENTER

508 = UHC SOUTH JORDAN HEALTH CENTER

431 = AMERICAN FORK SURGERY CENTER 432 = MOUNTAIN WEST ENDOSCOPY CENTER 501 = UHC CENTERVILLE HEALTH CENTER 502 = UHC DAYBREAK HEALTH CENTER 503 = UHC GREENWOOD HEALTH CENTER 504 = UHC MADSEN HEALTH CENTER 505 = UHC PARKWAY HEALTH CENTER

509 = UHC STANSBURY HEALTH CENTER

510 = UHC WESTRIDGE HEALTH CENTER

Patient's Age (as of last birthday) at the Date of Discharge

0 = 1 - 28 days1 = 29 -365 days 2 = 1 - 4 years3 = 5 - 94 = 10 - 145 = 15 - 176 = 18 - 197 = 20 - 248 = 25 - 299 = 30 - 3410 = 35 - 39 11 = 40 - 44 12 = 45 - 49 13 = 50 - 5414 = 55 - 59

60 - 64

15 =

16 = 65 - 69 17 = 70 - 74 18 = 75 - 79 19 = 80 - 84 20 = 85 - 89 21 = 90 + 99 = Unknown Blank = Not reported

Patient's Gender

M = Male

F = Female

U = Unknown

Blank = Not reported

Source of Admission

1 = Physician Referral

The patient was admitted to this facility upon the recommendation of his or her personal physician. (See code 3 if the physician has an HMO affiliation.)

2 = Clinic Referral

The patient was admitted to this facility upon recommendation of this facility's clinic physician.

3 = HMO referral

The patient was admitted to this facility upon the recommendation of a health maintenance organization (HMO) physician.

4 = Transfer from a hospital

The patient was admitted to this facility as a transfer from an acute care facility where he or she was an inpatient.

5 = Transfer from a skilled nursing facility

The patient was admitted to this facility as a transfer from a skilled nursing facility where he or she was an inpatient.

6 = Transfer from another health care facility

The patient was admitted to this facility as a transfer from a health care facility other than an acute care facility or skilled nursing facility.

7 = Emergency Department (Not valid starting July 2010)

The patient was admitted to this facility upon the recommendation of this facility's Emergency Department physician.

8 = Court/Law enforcement

The patient was admitted to this facility upon the direction of a court of law, or upon the request of a law enforcement agency representative.

9 = Information not available

The means by which the patient was admitted to this hospital is not known.

A = Transfer from a Critical Access Hospital

B = Transfer from another HHA

C = Readmission to same HHA

D = Transfer from hospital inpatient in same facility

E = Transfer from Ambulatory Surgery Center

F = Transfer from Hospice and is Under a Hospice Plan of Care or Enrolled in a Hospice Program

Blank = Not reported

Patient's Discharge Status

- 01 = Discharge to home or self-care, routine discharge
- 02 = Discharge/transferred to another short-term general hospital
- 03 = Discharge/transferred to skilled nursing facility
- 04 = Discharge/transferred to an intermediate care facility
- 05 = Discharged/transferred to another type of institution, cancer or pediatric hospital starting 04/01/08
- 06 = Discharge/transferred to home under care of organized home health service organization
- 07 = Left against medical advice
- 08 = Discharged/transferred to home under care of a home IV provider
- 20 = Expired
- 21 = Discharged/transferred to Court/Law enforcement
- 40 = Expired at home
- 41 = Expired in a medical facility; i.e. hospital, skilled nursing facility, intermediate care facility, or free standing hospice
- 42 = Expired place unknown
- 43 = Discharged to federal facility
- 50 = Discharged/transferred to hospice home
- 51 = Discharged/transferred to hospice medical facility
- 61 = Discharged/transferred within institution to hospital based Medicare swing bed
- 62 = Discharged/transferred to another rehab facility including distinct part units in hospital
- 63 = Discharged/transferred to a long term care hospital
- 64 = Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare
- 65 = Discharged/transferred to a psychiatric facility
- 66 = Discharged/transferred to a Critical Access Hospital
- 70 = Discharged/transferred/referred to another institution not defined elsewhere in this code list starting 04/01/08
- 71 = Discharged/transferred/referred to another institution for outpatient (as per plan of care)
- 72 = Discharged/transferred/referred to this institution for outpatient services (as per plan of care)
- 09 = Unknown
- Blank = Not reported

Patient's Residential Postal Zip Code

84000-84799 = Zip codes in Utah

- -4444=Homeless (word homeless or homeless code of ZZZZZ given as address)
- -5555=Unknown Utah (Unknown/invalid zip code with Utah address)

(Note: If the city is present in the address but the zip code is not, the zip code variable is coded as -5555 while the county variable is coded with the actual county identifier)

- -8888=Unknown (completely missing address information)
- -9999=Outside U.S.A. (foreign address)

Helpful Hint: A quick way to identify the city associated with a

zip code is to use the United States Postal Service website:

Http://zip4.usps.com/zip4/citytown zip.jsp.

If less than 30 encounters occurred for a Utah zip code area, this zip code was mapped into the county code:

```
Beave = Beaver
       BoxEI = Box Elder
       Cache = Cache
       Carbo = Carbon
       Dagge = Daggett
       Davis = Davis
       Duche = Duchesne
       Emery = Emery
       Garfi = Garfield
       Iron
              = Iron
       Milla = Millard
       Morga = Morgan
       MulCo = Multi-county (no longer used)
       Piute = Piute
              = Rich
       Rich
        SaltL = Salt Lake
       SanJu = San Juan
        Sanpe = Sanpete
        Sevie = Sevier
        Summi = Summit
       Tooel = Tooele
       Uinta = Uintah
       Washi = Washington
       Wayne = Wayne
       Weber = Weber
```

If less than 30 encounters occurred for a non-Utah zip code area, this zip code was mapped into the state code:

AL = ALABAMAAK = ALASKAAZ = ARIZONAAR = ARKANSASCA = CALIFORNIA CO = COLORADO CT = CONNECTICUT DE = DELAWARE DC = DISTRICT OF COLUMBIA FL = FLORIDA GA = GEORGIA HI = HAWAII ID = IDAHO IL = ILLINOIS IN = INDIANA IA = IOWAKS = KANSAS KY = KENTUCKY LA = LOUISIANA ME = MAINEMD = MARYLANDMA = MASSACHUSETTS MI = MICHIGAN

MN = MINNESOTA

MS = MISSISSIPPI

MO = MISSOURI

MT = MONTANA

NE = NEBRASKA

NV = NEVADA

NH = NEW HAMPSHIRE

NJ = NEW JERSEY

NM = NEW MEXICO

NY = NEW YORK

NC = NORTH CAROLINA

ND = NORTH DAKOTA

OH = OHIO

OK = OKLAHOMA

OR = OREGON

PA = PENNSYLVANIA

RI = RHODE ISLAND

SC = SOUTH CAROLINA

SD = SOUTH DAKOTA

TN = TENNESSEE

TX = TEXAS

UT = UTAH

VT = VERMONT

VA = VIRGINIA

WA = WASHINGTON

WV = WEST VIRGINIA

WI = WISCONSIN

WY = WYOMING

PR = PUERTO RICO

GU = GUAM

Patient's Residential County

- 1= Box Elder
- 2= Cache
- 3= Rich
- 4= Morgan
- 5= Weber
- 6= Davis
- 7= Salt Lake
- 8= Summit
- 9= Tooele
- 10= Utah
- 11= Wasatch
- 12= Daggett
- 13= Duchesne
- 14= Uintah
- 15= Juab
- 16= Millard
- 18= Sanpete
- 17= Piute
- 19= Sevier
- 20= Wayne
- 21= Carbon
- 22= Emery
- 23= Grand
- 24= San Juan
- 25= Beaver
- 26= Garfield
- 27= Iron
- 28= Kane
- 29= Washington
- 30= Multi-County (used in earlier versions of data set--the category has been eliminated)
- 44= Homeless (word "homeless" or homeless code of ZZZZZ given as address)
- 55= Unknown Utah (unknown city & zip but "Utah" in address or invalid zip code beginning with 84)
- 77= Outside Utah (but in U.S.A.)
- 88= Unknown (completely missing address information)
- 99= Outside U.S.A. (foreign address)

Suggested Division of Local AreasThe data analyst might find one of the following three grouping schemes useful for combining data according to patient county of residence:

Definition	County Code (see above)
1. Urban vs. Rural	
Urban Areas	5, 6, 7, 10
Rural Areas	1-4, 8-9, 11-29
Exclude from analysis	30, 44, 55, 77, 88, 99
2. Wasatch Front Area	
Yes	5, 6, 7, 10
No	1-4, 8-9, 11-29
Exclude from analysis	30, 44, 55, 77, 88, 99
3. Local Health Districts	
Bear River	1-3
Weber-Morgan	4-5
Davis County	6
Salt Lake County	7
Summit County	8
Tooele County	9
Utah County	10
Wasatch County	11
Uintah Basin (TriCounty)	12-14
Central Utah	15-20
Southeastern Utah	21-24
Southwest Utah	25-29

Patient's Cross-County Migration Status

hospital in different county than patient residence

Y = Yes (includes out-of-state, foreign, homeless, out-of-county)

N = No (from same county)

U = Unknown (includes unknown and unknown but Utah residence)

Principal Diagnosis Code

The first four digits of ICD-9-CM code. Refer to *International Classification of Diseases (9th Revision): Clinical Modification* for description.

There is an "implied" decimal point between the 3rd and 4th digit (decimal point is part of ICD-9-CM code but has been stripped out of data).

Blank = Not reported

ICD-9-CM E-Codes and V-Codes might also be found in this

field.

The ICD-9-CM diagnosis codes, as well as the E-Codes and V-Codes can be looked up on the Internet at Yaki Technologies' Website www.eicd.com/eicdmain.htm.

Secondary Diagnosis Code 1 ... Secondary Diagnosis Code 8
Definition is the same as Principal Diagnosis Code.

Procedure Code Type

0 = ICD-9-CM codes only were reported by the hospital

1 = CPT-4 codes only were reported by the hospital

2 = Both ICD-9-CM and CPT-4 codes were reported by the hospital

Procedure Code 1 as CPT

The five digits of CPT-4 code, followed by optional numeric or character qualifiers. Refer to *Physicians Procedure Current Terminology* for description.

Blank = Not reported

Procedure Code 2 as CPT ... Procedure Code 6 as CPT

Definition same as Procedure Code 1 as CPT.

Procedure Code 1 as ICD9

The four digits of ICD-9-CM code. Refer to *International Classification of Diseases (9th Revision): Clinical Modification* for description.

There is an "implied" decimal point between the 2nd and 3rd digit (decimal point is part of ICD-9-CM code but has been stripped out of data).

Blank = Not reported

Procedure Code 2 as ICD9 ... Procedure Code 6 as ICD9

Definition same as Procedure Code 1 as ICD9.

Total Charge

Total dollars and cents amount charged for the visit (with 2 decimal digits).

blank = Not Reported

Primary Payer Category

01 = Medicare

02 = Medicaid

03 = Other government

04 = Blue Cross/Blue Shield

05 = Other commercial (not BC/BS)

06 = Managed care

07 = Self pay

08 = Industrial and worker's compensation

09 = Charity/Unclassified

10 = Unknown

13 = CHIP (Children's Health Insurance Plan)

Blank = Not reported

Secondary Payer Category, Tertiary Payer Category

Descriptions are the same as primary payer category.

Discharge Quarter

1 = First Quarter (January 1 to March 31) 2 = Second Quarter (April 1 to June 30) 3 = Third Quarter (July 1 to September 30) 4 = Fourth Quarter (October 1 to December 31)

Record ID Number

A unique number for each visit, which is also unique across all years that ambulatory surgery data are available.

First Procedure Category

Broad category for first procedure.

These categories match the required ambulatory surgical procedure reporting categories, based on procedure code ranges (see page 1). These categories are very broad, and so they may not produce a meaningful summary of the data for many analytic purposes.

- 0 = No match for Procedure Category
- 1 = Musculoskeletal
- 2 = Respiratory
- 3 = Cardiovascular
- 4 = Lymphatic/Hematic
- 5 = Diaphragm
- 6 = Digestive System
- 7 = Urinary
- 8 = Male Genital
- 9 = Laparoscopy
- 10= Female Genital
- 11= Endocrine/Nervous
- 12= Eye
- 13= Ear
- 14= Nose, Mouth, Pharynx
- 15= Mastectomy

Second Procedure Category ... Sixth Procedure Category

Broad category for 2nd through 6th procedures.

Categories are same as first procedure category shown above.

<u>Note</u>: For procedures performed in 2008 and previous years, see previous manuals for 3M Ambulatory Patient Groups (APGs). Starting with procedures performed in 2009, 3M Enhanced Ambulatory Patient Groups (EAPGs) were used and are listed on the following pages.

001 PHOTOCHEMOTHERAPY 002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION 003 LEVEL I SKIN INCISION AND DRAINAGE 004 LEVEL II SKIN INCISION AND DRAINAGE 005 NAIL PROCEDURES 006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION 007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION 008 LEVEL III SKIN DEBRIDEMENT AND DESTRUCTION 009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE 010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE 011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE 012 LEVEL I SKIN REPAIR 013 LEVEL II SKIN REPAIR 014 LEVEL III SKIN REPAIR 015 LEVEL IV SKIN REPAIR 020 LEVEL I BREAST PROCEDURES 021 LEVEL II BREAST PROCEDURES 022 LEVEL III BREAST PROCEDURES 030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT 031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT 032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT 033 LEVEL I HAND PROCEDURES 034 LEVEL II HAND PROCEDURES 035 LEVEL I FOOT PROCEDURES 036 LEVEL II FOOT PROCEDURES 037 LEVEL I ARTHROSCOPY 038 LEVEL II ARTHROSCOPY 039 REPLACEMENT OF CAST 040 SPLINT, STRAPPING AND CAST REMOVAL 041 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK 042 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK 043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES 044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA 045 BUNION PROCEDURES 046 LEVEL I ARTHROPLASTY 047 LEVEL II ARTHROPLASTY 048 HAND AND FOOT TENOTOMY 049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION 060 PULMONARY TESTS 061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION 062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY 063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY 064 ENDOSCOPY OF THE LOWER AIRWAY 065 RESPIRATORY THERAPY 066 PULMONARY REHABILITATION 067 VENTILATION ASSISTANCE AND MANAGEMENT 080 EXERCISE TOLERANCE TESTS 081 ECHOCARDIOGRAPHY

082 CARDIAC ELECTROPHYSIOLOGIC TESTS 083 PLACEMENT OF TRANSVENOUS CATHETERS

- 084 DIAGNOSTIC CARDIAC CATHETERIZATION
- 085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES
- 086 PACEMAKER INSERTION AND REPLACEMENT
- 087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE
- 088 LEVEL I CARDIOTHORACIC PROCEDURES
- 089 LEVEL II CARDIOTHORACIC PROCEDURES
- 090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION
- 091 VASCULAR LIGATION AND RECONSTRUCTION
- 092 RESUSCITATION
- 093 CARDIOVERSION
- 094 CARDIAC REHABILITATION
- 095 THROMBOLYSIS
- 096 ATRIAL AND VENTRICULAR RECORDING AND PACING
- 097 AICD IMPLANT
- 110 PHARMACOTHERAPY BY EXTENDED INFUSION
- 111 PHARMACOTHERAPY EXCEPT BY EXTENDED INFUSION
- 112 PHLEBOTOMY
- 113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE
- 114 LEVEL II BLOOD AND BLOOD PRODUCT EXCHANGE
- 115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES
- 116 ALLERGY TESTS
- 117 HOME INFUSION
- 118 NUTRITION THERAPY
- 130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT
- 131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY
- 132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY
- 133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY
- 134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION
- 135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION
- 136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY
- 137 THERAPEUTIC COLONOSCOPY
- 138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES
- 139 LEVEL I HERNIA REPAIR
- 140 LEVEL II HERNIA REPAIR
- 141 LEVEL I ANAL AND RECTAL PROCEDURES
- 142 LEVEL II ANAL AND RECTAL PROCEDURES
- 143 LEVEL I GASTROINTESTINAL PROCEDURES
- 144 LEVEL II GASTROINTESTINAL PROCEDURES
- 145 LEVEL I LAPAROSCOPY
- 146 LEVEL II LAPAROSCOPY
- 147 LEVEL III LAPAROSCOPY
- 148 LEVEL IV LAPAROSCOPY
- 160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY
- 161 URINARY STUDIES AND PROCEDURES
- 162 URINARY CATHETERIZATION AND DILATATION
- 163 LEVEL I BLADDER AND KIDNEY PROCEDURES
- 164 LEVEL II BLADDER AND KIDNEY PROCEDURES
- 165 LEVEL III BLADDER AND KIDNEY PROCEDURES
- 166 LEVEL I URETHRA AND PROSTATE PROCEDURES
- 167 LEVEL II URETHRA AND PROSTATE PROCEDURES

- 168 HEMODIALYSIS
- 169 PERITONEAL DIALYSIS
- 180 TESTICULAR AND EPIDIDYMAL PROCEDURES
- 181 CIRCUMCISION
- 182 INSERTION OF PENILE PROSTHESIS
- 183 LEVEL I PENILE AND PROSTATE PROCEDURES
- 184 LEVEL II PENILE AND PROSTATE PROCEDURES
- 185 PROSTATE NEEDLE AND PUNCH BIOPSY
- 190 ARTIFICIAL FERTILIZATION
- 191 LEVEL I FETAL PROCEDURES
- 192 LEVEL II FETAL PROCEDURES
- 193 TREATMENT OF INCOMPLETE ABORTION
- 194 THERAPEUTIC ABORTION
- 195 VAGINAL DELIVERY
- 196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES
- 197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES
- 198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES
- 199 DILATION AND CURETTAGE
- 200 HYSTEROSCOPY
- 201 COLPOSCOPY
- 210 EXTENDED EEG STUDIES
- 211 ELECTROENCEPHALOGRAM
- 212 ELECTROCONVULSIVE THERAPY
- 213 NERVE AND MUSCLE TESTS
- 214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP
- 215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE
- 216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE
- 217 LEVEL I NERVE PROCEDURES
- 218 LEVEL II NERVE PROCEDURES
- 219 SPINAL TAP
- 220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS
- 221 LAMINOTOMY AND LAMINECTOMY
- 222 SLEEP STUDIES
- 223 LEVEL III NERVE PROCEDURES
- 230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES
- 231 FITTING OF CONTACT LENSES
- 232 LASER EYE PROCEDURES
- 233 CATARACT PROCEDURES
- 234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES
- 235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES
- 236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES
- 237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES
- 238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES
- 239 STRABISMUS AND MUSCLE EYE PROCEDURES
- 240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE
- 241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE
- 250 COCHLEAR DEVICE IMPLANTATION
- 251 OTORHINOLARYNGOLOGIC FUNCTION TESTS
- 252 LEVEL I FACIAL AND ENT PROCEDURES
- 253 LEVEL II FACIAL AND ENT PROCEDURES

- 254 LEVEL III FACIAL AND ENT PROCEDURES
- 255 LEVEL IV FACIAL AND ENT PROCEDURES
- 256 TONSIL AND ADENOID PROCEDURES
- 257 AUDIOMETRY
- 270 OCCUPATIONAL THERAPY
- 271 PHYSICAL THERAPY
- 272 SPEECH THERAPY AND EVALUATION
- 273 MANIPULATION THERAPY
- 274 OCCUPATIONAL/PHYSICAL THERAPY, GROUP
- 275 SPEECH THERAPY & EVALUATION, GROUP
- 280 VASCULAR RADIOLOGY EXCEPT VENOGRAPHY OF EXTREMITY
- 281 MAGNETIC RESONANCE ANGIOGRAPHY HEAD AND/OR NECK
- 282 MAGNETIC RESONANCE ANGIOGRAPHY CHEST
- 283 MAGNETIC RESONANCE ANGIOGRAPHY OTHER SITES
- 284 MYELOGRAPHY
- 285 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST
- 286 MAMMOGRAPHY
- 287 DIGESTIVE RADIOLOGY
- 288 DIAGNOSTIC ULTRASOUND EXCEPT OBSTETRICAL AND VASCULAR OF LOWER EXTREMITIES
- 289 VASCULAR DIAGNOSTIC ULTRASOUND OF LOWER EXTREMITIES
- 290 PET SCANS
- 291 BONE DENSITOMETRY
- 292 MRI- ABDOMEN
- 293 MRI- JOINTS
- 294 MRI- BACK
- 295 MRI- CHEST
- 296 MRI- OTHER
- 297 MRI- BRAIN
- 298 CAT SCAN BACK
- 299 CAT SCAN BRAIN
- 300 CAT SCAN ABDOMEN
- 301 CAT SCAN OTHER
- 302 ANGIOGRAPHY, OTHER
- 303 ANGIOGRAPHY, CEREBRAL
- 310 DEVELOPMENTAL & NEUROPSYCHOLOGICAL TESTING
- 311 FULL DAY PARTIAL HOSPITALIZATION FOR SUBSTANCE ABUSE
- 312 FULL DAY PARTIAL HOSPITALIZATION FOR MENTAL ILLNESS
- 313 HALF DAY PARTIAL HOSPITALIZATION FOR SUBSTANCE ABUSE
- 314 HALF DAY PARTIAL HOSPITALIZATION FOR MENTAL ILLNESS
- 315 COUNSELLING OR INDIVIDUAL BRIEF PSYCHOTHERAPY
- 316 INDIVIDUAL COMPREHENSIVE PSYCHOTHERAPY
- 317 FAMILY PSYCHOTHERAPY
- 318 GROUP PSYCHOTHERAPY
- 319 ACTIVITY THERAPY
- 320 CASE MANAGEMENT & TREATMENT PLAN DEVELOPMENT MENTAL HEALTH OR SUBSTANCE ABUSE
- 321 CRISIS INTERVENTION
- 322 MEDICATION ADMINISTRATION & OBSERVATION
- 323 MENTAL HYGIENE ASSESSMENT
- 324 MENTAL HEALTH SCREENING & BRIEF ASSESSMENT

327 INTENSIVE OUTPATIENT PSYCHIATRIC TREATMENT 328 DAY REHABILITATION, HALF DAY 329 DAY REHABILITATION, FULL DAY 330 LEVEL I DIAGNOSTIC NUCLEAR MEDICINE 331 LEVEL II DIAGNOSTIC NUCLEAR MEDICINE 332 LEVEL III DIAGNOSTIC NUCLEAR MEDICINE 340 THERAPEUTIC NUCLEAR MEDICINE 341 RADIATION THERAPY AND HYPERTHERMIA 342 LEVEL I AFTERLOADING BRACHYTHERAPY 343 RADIATION TREATMENT DELIVERY 344 INSTILLATION OF RADIOELEMENT SOLUTIONS 345 HYPERTHERMIC THERAPIES 346 RADIOSURGERY 347 HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY 348 PROTON TREATMENT DELIVERY 349 LEVEL II AFTERLOADING BRACHYTHERAPY 350 LEVEL I ADJUNCTIVE GENERAL DENTAL SERVICES 351 LEVEL II ADJUNCTIVE GENERAL DENTAL SERVICES 352 PERIODONTICS 353 LEVEL I PROSTHODONTICS, FIXED 354 LEVEL II PROSTHODONTICS, FIXED 355 LEVEL III PROSTHODONTICS, FIXED 356 LEVEL I PROSTHODONTICS, REMOVABLE 357 LEVEL II PROSTHODONTICS, REMOVABLE 358 LEVEL III PROSTHODONTICS, REMOVABLE 359 LEVEL I MAXILLOFACIAL PROSTHETICS 360 LEVEL II MAXILLOFACIAL PROSTHETICS 361 LEVEL I DENTAL RESTORATIONS 362 LEVEL II DENTAL RESTORATIONS 363 LEVEL III DENTAL RESTORATION 364 LEVEL I ENDODONTICS 365 LEVEL II ENDODONTICS 366 LEVEL III ENDODONTICS 367 LEVEL I ORAL AND MAXILLOFACIAL SURGERY 368 LEVEL II ORAL AND MAXILLOFACIAL SURGERY 369 LEVEL III ORAL AND MAXILLOFACIAL SURGERY 370 LEVEL IV ORAL AND MAXILLOFACIAL SURGERY 371 ORTHODONTICS 372 SEALANT 373 LEVEL I DENTAL FILM 374 LEVEL II DENTAL FILM 375 DENTAL ANESTHESIA 376 DIAGNOSTIC DENTAL PROCEDURES 377 PREVENTIVE DENTAL PROCEDURES 380 ANESTHESIA 390 LEVEL I PATHOLOGY 391 LEVEL II PATHOLOGY

393 BLOOD AND TISSUE TYPING 394 LEVEL I IMMUNOLOGY TESTS

392 PAP SMEARS

395 LEVEL II IMMUNOLOGY TESTS 396 LEVEL I MICROBIOLOGY TESTS 397 LEVEL II MICROBIOLOGY TESTS 398 LEVEL I ENDOCRINOLOGY TESTS 399 LEVEL II ENDOCRINOLOGY TESTS 400 LEVEL I CHEMISTRY TESTS 401 LEVEL II CHEMISTRY TESTS 402 BASIC CHEMISTRY TESTS 403 ORGAN OR DISEASE ORIENTED PANELS 404 TOXICOLOGY TESTS 405 THERAPEUTIC DRUG MONITORING 406 LEVEL I CLOTTING TESTS 407 LEVEL II CLOTTING TESTS 408 LEVEL I HEMATOLOGY TESTS 409 LEVEL II HEMATOLOGY TESTS 410 URINALYSIS 411 BLOOD AND URINE DIPSTICK TESTS 412 SIMPLE PULMONARY FUNCTION TESTS 413 CARDIOGRAM 414 LEVEL I IMMUNIZATION AND ALLERGY IMMUNOTHERAPY 415 LEVEL II IMMUNIZATION 416 LEVEL III IMMUNIZATION 417 MINOR REPRODUCTIVE PROCEDURES 418 MINOR CARDIAC AND VASCULAR TESTS 419 MINOR OPHTHALMOLOGICAL INJECTION, SCRAPING AND TESTS 420 PACEMAKER AND OTHER ELECTRONIC ANALYSIS **421 TUBE CHANGE** 422 PROVISION OF VISION AIDS 423 INTRODUCTION OF NEEDLE AND CATHETER 424 DRESSINGS AND OTHER MINOR PROCEDURES 425 OTHER MISCELLANEOUS ANCILLARY PROCEDURES 426 PSYCHOTROPIC MEDICATION MANAGEMENT 427 BIOFEEDBACK AND OTHER TRAINING 428 PATIENT EDUCATION, INDIVIDUAL 429 PATIENT EDUCATION, GROUP 430 CLASS I CHEMOTHERAPY DRUGS 431 CLASS II CHEMOTHERAPY DRUGS 432 CLASS III CHEMOTHERAPY DRUGS 433 CLASS IV CHEMOTHERAPY DRUGS 434 CLASS V CHEMOTHERAPY DRUGS 435 CLASS I PHARMACOTHERAPY 436 CLASS II PHARMACOTHERAPY 437 CLASS III PHARMACOTHERAPY 438 CLASS IV PHARMACOTHERAPY 439 CLASS V PHARMACOTHERAPY 440 CLASS VI PHARMACOTHERAPY 441 CLASS VI CHEMOTHERAPY DRUGS

443 CLASS VII CHEMOTHERAPY DRUGS 444 CLASS VII PHARMACOTHERAPY 448 EXPANDED HOURS ACCESS

- 449 ADDITIONAL UNDIFFERENTIATED MEDICAL VISITS/SERVICES
- 450 OBSERVATION
- 451 SMOKING CESSATION TREATMENT
- 452 DIABETES SUPPLIES
- 453 MOTORIZED WHEELCHAIR
- 454 TPN FORMULAE
- 455 IMPLANTED TISSUE OF ANY TYPE
- 456 MOTORIZED WHEELCHAIR ACCESSORIES
- **457 VENIPUNCTURE**
- 460 CLASS VIII COMBINED CHEMOTHERAPY AND PHARMACOTHERAPY
- 461 CLASS IX COMBINED CHEMOTHERAPY AND PHARMACOTHERAPY
- 462 CLASS X COMBINED CHEMOTHERAPY AND PHARMACOTHERAPY
- 463 CLASS XI COMBINED CHEMOTHERAPY AND PHARMACOTHERAPY
- 464 CLASS XII COMBINED CHEMOTHERAPY AND PHARMACOTHERAPY
- 465 CLASS XIII COMBINED CHEMOTHERAPY AND PHARMACOTHERAPY
- 470 OBSTETRICAL ULTRASOUND
- **471 PLAIN FILM**
- 472 ULTRASOUND GUIDANCE
- **473 CT GUIDANCE**
- 474 RADIOLOGICAL GUIDANCE FOR THERAPEUTIC OR DIAGNOSTIC PROCEDURES
- **475 MRI GUIDANCE**
- 476 LEVEL I THERAPEUTIC RADIATION TREATMENT PREPARATION
- 477 LEVEL II THERAPEUTIC RADIATION TREATMENT PREPARATION
- 478 MEDICAL RADIATION PHYSICS
- 479 TREATMENT DEVICE DESIGN AND CONSTRUCTION
- 480 TELETHERAPY/BRACHYTHERAPY CALCULATION
- 481 THERAPEUTIC RADIOLOGY SIMULATION FIELD SETTING
- **482 RADIOELEMENT APPLICATION**
- **483 RADIATION THERAPY MANAGEMENT**
- 484 THERAPEUTIC RADIOLOGY TREATMENT PLANNING
- 490 INCIDENTAL TO MEDICAL, SIGNIFICANT PROCEDURE OR THERAPY VISIT
- 491 MEDICAL VISIT INDICATOR
- 492 ENCOUNTER/REFERRAL FOR OBSERVATION INDICATOR
- 500 ENCOUNTER/REFERRAL FOR OBSERVATION OBSTETRICAL
- 501 ENCOUNTER/REFERRAL FOR OBSERVATION OTHER DIAGNOSES
- 502 ENCOUNTER/REFERRAL FOR OBSERVATION BEHAVIORAL HEALTH
- 510 MAJOR SIGNS, SYMPTOMS AND FINDINGS
- 520 SPINAL DISORDERS & INJURIES
- 521 NERVOUS SYSTEM MALIGNANCY
- 522 DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS
- 523 MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES
- 524 LEVEL I CNS DISORDERS
- 525 LEVEL II CNS DISORDERS
- **526 TRANSIENT ISCHEMIA**
- 527 PERIPHERAL NERVE DISORDERS
- 528 NONTRAUMATIC STUPOR & COMA
- 529 SEIZURE
- 530 HEADACHES OTHER THAN MIGRAINE
- 531 MIGRAINE
- 532 HEAD TRAUMA

- 533 AFTEREFFECTS OF CEREBROVASCULAR ACCIDENT
- 534 NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARC
- 535 CVA & PRECEREBRAL OCCLUSION W INFARCT
- 536 CEREBRAL PALSY
- 550 ACUTE MAJOR EYE INFECTIONS
- 551 CATARACTS
- 552 GLAUCOMA
- 553 LEVEL I OPHTHALMIC DIAGNOSES
- 554 LEVEL II OPHTHALMIC DIAGNOSES
- 555 CONJUNCTIVITIS
- 560 EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES
- 561 VERTIGINOUS DISORDERS EXCEPT FOR BENIGN VERTIGO
- 562 INFECTIONS OF UPPER RESPIRATORY TRACT
- 563 DENTAL & ORAL DISEASES & INJURIES
- 564 LEVEL I OTHER EAR, NOSE, MOUTH, THROAT & CRANIAL/FACIAL DIAGNOSES
- 565 LEVEL II OTHER EAR, NOSE, MOUTH, THROAT & CRANIAL/FACIAL DIAGNOSES
- 570 CYSTIC FIBROSIS PULMONARY DISEASE
- 571 RESPIRATORY MALIGNANCY
- 572 BRONCHIOLITIS & RSV PNEUMONIA
- 573 COMMUNITY ACQUIRED PNUEMONIA
- 574 CHRONIC OBSTRUCTIVE PULMONARY DISEASE
- 575 ASTHMA
- 576 LEVEL I OTHER RESPIRATORY DIAGNOSES
- 577 LEVEL II OTHER RESPIRATORY DIAGNOSES
- 578 PNEUMONIA EXCEPT FOR COMMUNITY ACQUIRED PNEUMONIA
- **579 STATUS ASTHMATICUS**
- 591 ACUTE MYOCARDIAL INFARCTION
- 592 LEVEL I CARDIOVASCULAR DIAGNOSES
- 593 LEVEL II CARDIOVASCULAR DIAGNOSES
- **594 HEART FAILURE**
- 595 CARDIAC ARREST
- 596 PERIPHERAL & OTHER VASCULAR DISORDERS
- 597 PHLEBITIS
- 598 ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS
- 599 HYPERTENSION
- 600 CARDIAC STRUCTURAL & VALVULAR DISORDERS
- 601 LEVEL I CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS
- 602 ATRIAL FIBRILLATION
- 603 LEVEL II CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS
- 604 CHEST PAIN
- 605 SYNCOPE & COLLAPSE
- 620 DIGESTIVE MALIGNANCY
- 621 PEPTIC ULCER & GASTRITIS
- 623 ESOPHAGITIS
- 624 LEVEL I GASTROINTESTINAL DIAGNOSES
- 625 LEVEL II GASTROINTESTINAL DIAGNOSES
- 626 INFLAMMATORY BOWEL DISEASE
- 627 NON-BACTERIAL GASTROENTERITIS, NAUSEA & VOMITING
- **628 ABDOMINAL PAIN**
- 629 MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE

- 630 CONSTIPATION
- 631 HERNIA
- 632 IRRITABLE BOWEL SYNDROME
- 633 ALCOHOLIC LIVER DISEASE
- 634 MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS
- 635 DISORDERS OF PANCREAS EXCEPT MALIGNANCY
- 636 HEPATITIS WITHOUT COMA
- 637 DISORDERS OF GALLBLADDER & BILIARY TRACT
- 638 CHOLECYSTITIS
- 639 LEVEL I HEPATOBILIARY DIAGNOSES
- 640 LEVEL II HEPATOBILIARY DIAGNOSES
- 650 FRACTURE OF FEMUR
- 651 FRACTURE OF PELVIS OR DISLOCATION OF HIP
- 652 FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK
- 653 MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG
- 654 OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS
- 655 CONNECTIVE TISSUE DISORDERS
- 656 BACK & NECK DISORDERS EXCEPT LUMBAR DISC DISEASE
- 657 LUMBAR DISC DISEASE
- 658 LUMBAR DISC DISEASE WITH SCIATICA
- 659 MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE
- 660 LEVEL I OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES
- 661 LEVEL II OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES
- 662 OSTEOPOROSIS
- **663 PAIN**
- 670 SKIN ULCERS
- 671 MAJOR SKIN DISORDERS
- 672 MALIGNANT BREAST DISORDERS
- 673 CELLULITIS & OTHER BACTERIAL SKIN INFECTIONS
- 674 CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE
- 675 OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS
- 676 DECUBITUS ULCER
- 690 MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS
- 691 INBORN ERRORS OF METABOLISM
- 692 LEVEL I ENDOCRINE DISORDERS
- 693 LEVEL II ENDOCRINE DISORDERS
- 694 ELECTROLYTE DISORDERS
- 695 OBESITY
- 710 DIABETES WITH OPHTHALMIC MANIFESTATIONS
- 711 DIABETES WITH CIRCULATORY DIAGNOSES
- 712 DIABETES WITH NEUROLOGIC MANIFESTATIONS
- 713 DIABETES WITHOUT COMPLICATIONS
- 714 DIABETES WITH RENAL MANIFESTATIONS
- 720 RENAL FAILURE
- 721 KIDNEY & URINARY TRACT MALIGNANCY
- 722 NEPHRITIS & NEPHROSIS
- 723 KIDNEY AND CHRONIC URINARY TRACT INFECTIONS
- 724 URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION
- 725 MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC
- 726 OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS

- 727 ACUTE LOWER URINARY TRACT INFECTIONS
- 740 MALIGNANCY, MALE REPRODUCTIVE SYSTEM
- 741 MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY
- 742 NEOPLASMS OF THE MALE REPRODUCTIVE SYSTEM
- 743 PROSTATITIS
- 744 MALE REPRODUCTIVE INFECTIONS
- 750 FEMALE REPRODUCTIVE SYSTEM MALIGNANCY
- 751 FEMALE REPRODUCTIVE SYSTEM INFECTIONS
- 752 LEVEL I MENSTRUAL AND OTHER FEMALE DIAGNOSES
- 753 LEVEL II MENSTRUAL AND OTHER FEMALE DIAGNOSES
- 760 VAGINAL DELIVERY
- 761 POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE
- **762 THREATENED ABORTION**
- 763 ABORTION W/O D&C. ASPIRATION CURETTAGE OR HYSTEROTOMY
- 764 FALSE LABOR
- 765 OTHER ANTEPARTUM DIAGNOSES
- 766 ROUTINE PRENATAL CARE
- 770 NORMAL NEONATE
- 771 LEVEL I NEONATAL DIAGNOSES
- 772 LEVEL II NEONATAL DIAGNOSES
- 780 OTHER HEMATOLOGICAL DISORDERS
- 781 COAGULATION & PLATELET DISORDERS
- 782 CONGENITAL FACTOR DEFICIENCIES
- 783 SICKLE CELL ANEMIA CRISIS
- 784 SICKLE CELL ANEMIA
- 785 ANEMIA EXCEPT FOR IRON DEFICIENCY ANEMIA AND SICKLE CELL ANEMIA
- 786 IRON DEFICIENCY ANEMIA
- 800 ACUTE LEUKEMIA
- 801 LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA
- **802 RADIOTHERAPY**
- 803 CHEMOTHERAPY
- 804 LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR
- 805 SEPTICEMIA & DISSEMINATED INFECTIONS
- 806 POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS
- 807 FEVER
- 808 VIRAL ILLNESS
- 809 OTHER INFECTIOUS & PARASITIC DISEASES
- 810 H. PYLORI INFECTION
- 820 SCHIZOPHRENIA
- 821 MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES
- 822 DISORDERS OF PERSONALITY & IMPULSE CONTROL
- 823 BIPOLAR DISORDERS
- 824 DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER
- 825 ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES
- 826 ACUTE ANXIETY & DELIRIUM STATES
- 827 ORGANIC MENTAL HEALTH DISTURBANCES
- 828 MENTAL RETARDATION
- 829 CHILDHOOD BEHAVIORAL DISORDERS
- 830 EATING DISORDERS
- 831 OTHER MENTAL HEALTH DISORDERS

840 OPIOID ABUSE & DEPENDENCE

841 COCAINE ABUSE & DEPENDENCE

842 ALCOHOL ABUSE & DEPENDENCE

843 OTHER DRUG ABUSE & DEPENDENCE

850 ALLERGIC REACTIONS

851 POISONING OF MEDICINAL AGENTS

852 OTHER COMPLICATIONS OF TREATMENT

853 OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES

854 TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES

860 EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT

861 PARTIAL THICKNESS BURNS W OR W/O SKIN GRAFT

870 REHABILITATION

871 SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS

872 OTHER AFTERCARE & CONVALESCENCE

873 NEONATAL AFTERCARE

874 JOINT REPLACEMENT

880 HIV INFECTION

881 AIDS

993 INPATIENT ONLY PROCEDURES

994 USER CUSTOMIZABLE INPATIENT PROCEDURES

999 UNASSIGNED

First Procedure EAPG Type ... Sixth Procedure EAPG Type

- 01 = PER DIEM
- 02 = SIGNIFICANT PROCEDURE
- 03 = MEDICAL VISIT
- 04 = ANCILLARY PROCEDURE
- 05 = INCIDENTAL PROCEDURE
- 06 = DRUG
- 07 = DME
- 08 = UNASSIGNED (APG 999, 994, 993)
- 21 = PHYSICAL THERAPY AND REHAB PROCEDURE
- 22 = MENTAL HEALTH AND COUNSELING PROCEDURE
- 23 = DENTAL PROCEDURE
- 24 = RADIOLOGIC PROCEDURE
- 25 = OTHER DIAGNOSTIC PROCEDURE

First Procedure EAPG Category ... Sixth Procedure EAPG Category

- 01 = SKIN & INTEGUMENTARY SYSTEM PROCEDURES
- 02 = BREAST PROCEDURES
- 03 = MUSCULOSKELETAL SYSTEM PROCEDURES
- 04 = RESPIRATORY PROCEDURES
- 05 = CARDIOVASCULAR PROCEDURES
- 06 = HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES
- 07 = GASTROINTESTINAL SYSTEM PROCEDURES
- 08 = GENITOURINARY SYSTEM PROCEDURES
- 09 = MALE REPRODUCTIVE SYSTEM
- 10 = FEMALE REPRODUCTIVE SYSTEM
- 11 = NEUROLOGIC SYSTEM PROCEDURES
- 12 = OPHTHALMOLOGIC SYSTEM PROCEDURES
- 13 = EAR, NOSE, MOUTH, & THROAT PROCEDURES
- 14 = REHABILITATION
- 15 = RADIOLOGICAL PROCEDURES
- 16 = MENTAL ILLNESS & SUBSTANCE ABUSE THERAPIES
- 17 = NUCLEAR MEDICINE
- 18 = RADIATION ONCOLOGY
- 19 = DENTAL PROCEDURES
- 20 = ANESTHESIA
- 21 = PATHOLOGY
- 22 = LABORATORY
- 23 = OTHER ANCILLARY TESTS & PROCEDURES
- 24 = CHEMOTHERAPY & OTHER DRUGS
- 25 = RADIOLOGY
- 30 = INCIDENTAL PROCEDURES & SERVICES
- 50 = OBSERVATION
- 51 = MAJOR SIGNS, SYMPTOMS & FINDINGS
- 52 = DISEASES & DISORDERS OF THE NERVOUS SYSTEM
- 53 = DISEASES & DISORDERS OF THE EYE
- 54 = EAR, NOSE, MOUTH, THROAT & CRANIOFACIAL DISEASES & DISORDERS
- 55 = DISEASES & DISORDERS OF RESPIRATORY SYSTEM

First Procedure EAPG Category ... Sixth Procedure EAPG Category

- 57 = DISEASES & DISORDERS OF DIGESTIVE SYSTEM
- 58 = DISEASES & DISORDERS HEPATOBILIARY SYSTEM, PANCREAS
- 59 = DISEASES & DISORDERS MUSCULOSKEL. CONNECTIVE TISSUE
- 60 = DISEASES & DISORDERS OF SKIN, SUBCUT. TISSUE & BREAST
- 61 = ENDOCRINE, NUTRITION & METABOLIC DISEASES & DISORDERS
- 62 = DIABETES MELLITUS
- 63 = DISEASES & DISORDERS OF KIDNEY & URINARY TRACT
- 64 = DISEASES & DISORDERS OF MALE REPRODUCTIVE TRACT
- 65 = DISEASES & DISORDERS OF MALE REPRODUCTIVE TRACT
- 66 = PREGNANCY, CHILDBIRTH & PUERPERIUM
- 67 = NEWBORNS
- 68 = DISEASES & DISORDERS OF BLOOD, IMMUNOLOGIC DISORDERS
- 69 = LYMPH., HEMATOPOIETIC, OTH MALIGNANCIES., CHEMO-, RADIOTHERAPY
- 70 = INFECTIOUS & PARASITIC DISEASES
- 71 = MENTAL DISEASES & DISORDERS
- 72 = ALCOHOL/DRUG USE & RELATED MENTAL DISORDERS
- 73 = POISONINGS, TOXIC EFFECTS, OTHER TREATMENT COMPL.
- 74 = BURNS
- 75 = REHAB, AFTERCARE, ETC. INFLUENCING HEALTH SERVICES
- 76 = HUMAN IMMUNODEFICIENCY VIRUS INFECTIONS
- 99 = NO EAPG ASSIGNED

APPENDIX A

UTAH HOSPITALS WITH AMBULATORY SURGICAL FACILITIES AND FREE-STANDING AMBULATORY SURGICAL CENTERS PROFILE

FACILITY CHARACTERISTICS: 2012

ID ¹	FACILITY NAME	OWN2	AFFILIATION	COUNTY	CITY	U/R3	TEACH4	BEDS
428	Alpine Surgery Center	I	Freestanding	Weber	Ogden	U	N	2
118	Alta View Hospital	N	Intermountain Healthcare	Salt Lake	Sandy	U	Ν	71
136	American Fork Hospital	N	Intermountain Healthcare	Utah	American Fork	U	N	89
431	American Fork Surgery Center	ı	Freestanding	Utah	American Fork	U	N	3
134	Ashley Regional Medical Center	I	LifePoint Hospitals Inc.	Uintah	Vernal	R	N	39
104	Bear River Valley Hospital	N	Intermountain Healthcare	Box Elder	Tremonton	R	N	16
101	Beaver Valley Hospital	G	Freestanding	Beaver	Beaver	R	N	49
103	Brigham City Community Hospital	I	MountainStar Healthcare	Box Elder	Brigham City	R	N	49
145	Cache Valley Specialty Hospital	I	National Surgical Hospital	Cache	North Logan	R	N	22
106	Castleview Hospital	Ι	LifePoint Hospitals Inc.	Carbon	Price	R	N	39
401	Central Utah Surgical Center	I	Nueterra	Utah	Provo	U	N	6
113	Central Valley Medical Center - CAH	N	Rural Health Mgmt	Juab	Nephi	R	N	25
423	Coral Desert Surgery Center	I	Nueterra	Washington	St. George	R	N	5
119	Cottonwood Hospital (closed)	N	Intermountain Healthcare	Salt Lake	Murray	U	N	213
415	Davis Surgical Center	I	Freestanding	Davis	Layton	U	N	4
108	Davis Hospital and Medical Center	I	IASIS Health Care	Davis	Layton	U	N	220
116	Delta Community Medical Center - CAH	N	Intermountain Healthcare	Millard	Delta	R	N	18
140	Dixie Regional Medical Center	N	Intermountain Healthcare	Washington	St. George	R	N	245
115	Fillmore Community Medical Center - CAH	N	Intermountain Healthcare	Millard	Fillmore	R	N	19

110	Garfield Memorial Hospital	N	Intermountain Healthcare	Garfield	Panguitch	R	N	41
429	Granite Peaks Endoscopy Center	ı	Freestanding	Salt Lake	Sandy	U	N	4
ID1	FACILITY NAME	OWN2	AFFILIATION	COUNTY	CITY	U/R3	TEACH4	BEDS
129	Gunnison Valley Hospital - CAH	G	Freestanding	Sanpete	Gunnison	R	N	25
139	Heber Valley Medical Center - CAH	N	Intermountain Healthcare	Wasatch	Heber	R	N	19
403	Intermountain Avenues Surgical Center	N	Intermountain Healthcare	Salt Lake	Salt Lake City	U	N	4
146	Intermountain Medical Center	N	Intermountain Healthcare	Salt Lake	Murray	U	Y	472
425	Intermountain Park City Surgical Center	N	Intermountain Healthcare	Summit	Park City	R	N	2
117	Jordan Valley Medical Center	I	IASIS Health Care	Salt Lake	West Jordan	U	N	183
114	Kane County Hospital -CAH	G	Freestanding	Kane	Kanab	R	N	25
426	Lakeview Endoscopy	I	MountainStar Healthcare	Davis	Bountiful	U	N	2
107	Lakeview Hospital	I	MountainStar Healthcare	Davis	Bountiful	U	N	128
121	LDS Hospital	N	Intermountain Healthcare	Salt Lake	Salt Lake City	U	Y	231
105	Logan Regional Hospital	N	Intermountain Healthcare	Cache	Logan	R	N	146
412	Madsen Surgery Center (now #504)	G	University Healthcare	Salt Lake	Salt Lake City	U	Y	2
141	McKay-Dee Hospital Center	N	Intermountain Healthcare	Weber	Ogden	U	Y	303
404	McKay-Dee Surgical Center	N	Intermountain Healthcare	Weber	Ogden	U	Y	6
102	Milford Valley Memorial Hospital - CAH	G	Freestanding	Beaver	Milford	R	N	23
111	Moab Regional Hospital - CAH (was Allen)	G	Rural Health Mgmt	Grand	Moab	R	N	17
414	Mount Ogden Surgical Center	I	Freestanding	Weber	Ogden	U	Y	3
137	Mountain View Hospital	I	MountainStar Healthcare	Utah	Payson	U	N	114
432	Mountain West Endoscopy Center	I	Freestanding	Salt Lake	Salt Lake City	U	N	2
133	Mountain West Medical Center	G	Community Health System	Tooele	Tooele	R	N	44

424	Mountain West Surgical Center	I	Nueterra	Davis	Bountiful	U	N	5
419	Northern Utah Endoscopy Center	I	Nueterra	Cache	Logan	R	N	2
142	Ogden Regional Medical Center	I	MountainStar Healthcare	Weber	Ogden	U	N	232
ID1	FACILITY NAME	OWN2	AFFILIATION	COUNTY	CITY	U/R3	TEACH4	BEDS NAME
135	Orem Community Hospital	N	Intermountain Healthcare	Utah	Orem	U	N	24
147	Park City Medical Center	N	Intermountain Healthcare	Summit	Park City	R	N	26
418	Park City Surg Ctr (closed)	I	HealthSouth	Summit	Park City	R	N	2
126	Pioneer Valley Hospital	I	IASIS Health Care	Salt Lake	West Valley	U	Y	139
122	Primary Children's Medical Center	N	Intermountain Healthcare	Salt Lake	Salt Lake City	U	N	289
405	Provo Surgical Center (closed)	I	Freestanding	Utah	Provo	U	Υ	5
420	Ridgeline Endoscopy Center	I	Freestanding	Weber	Ogden	U	N	2
148	Riverton Hospital	N	Intermountain Healthcare	Salt Lake	Riverton	U	Υ	97
427	Riverwoods Surgery Center	I	Freestanding	Utah	Provo	U	N	5
406	Salt Lake Endoscopy Center	I	Freestanding	Salt Lake	Salt Lake City	U	N	2
120	Salt Lake Regional Medical Center	I	IASIS Health Care	Salt Lake	Salt Lake City	U	Y	158
407	Salt Lake Surgical Center	I	Freestanding	Salt Lake	Salt Lake City	U	N	7
128	San Juan Hospital - CAH	G	Managed	San Juan	Monticello	R	N	25
130	Sanpete Valley Hospital - CAH	N	Intermountain Healthcare	Sanpete	Mt. Pleasant	R	N	18
132	Sevier Valley Medical Center	N	Intermountain Healthcare	Sevier	Richfield	R	N	42
305	Shriner's Hospital for Children	N	Shriner's	Salt Lake	Salt Lake	U	N	45
417	South Towne Surgery Center	I	MountainStar Healthcare	Salt Lake	Sandy	U	N	4
430	St. George Endoscopy Center	ı	Freestanding	Washington	St. George	R	N	2
408	St. George Surgical Center	I	Freestanding	Washington	St. George	R	N	4
124	St. Mark's Hospital	I	MountainStar Healthcare	Salt Lake	Salt Lake City	U	Y	294
409	St. Mark's Outpatient Surgery Cntr	I	MountainStar Healthcare	Salt Lake	Salt Lake City	U	Υ	4

						- 1		
410	SurgiCare Center (with Eye Institute)	I	Freestanding	Salt Lake	Salt Lake City	U	N	4
307	The Orthopedic Specialty Hospital	I	Intermountain Healthcare	Salt Lake	Salt Lake City	U	N	36
ID1	FACILITY NAME	OWN2	AFFILIATION	COUNTY	CITY	U/R3	TEACH4	BEDS
144	Timpanogos Regional Hospital	I	MountainStar Healthcare	Utah	Orem	U	N	122
109	Uintah Basin Medical Center	G	Freestanding	Duchesne	Roosevelt	R	N	49
501	UHC/Centerville Health Center	G	University Healthcare	Davis	Centerville	U	Υ	NA
502	UHC/Daybreak Health Center	G	University Healthcare	Salt Lake	South Jordan	U	Υ	NA
503	UHC/Greenwood Health Center	G	University Healthcare	Salt Lake	Midvale	U	Υ	NA
310	UHC/Huntsman Cancer Hospital	G	University Healthcare	Salt Lake	Salt Lake City	U	Υ	NA
416	UHC/John A Moran Eye Center	G	University Healthcare	Salt Lake	Salt Lake City	U	Υ	10
504	UHC/Madsen Health Center	G	University Healthcare	Salt Lake	Salt Lake City	U	Υ	NA
505	UHC/Parkway Health Center	G	University Healthcare	Utah	Orem	U	Υ	NA
506	UHC/Redwood Health Center	G	University Healthcare	Salt Lake	Salt Lake City	U	Υ	NA
507	UHC/Redstone Health Center	G	University Healthcare	Summit	Park City	R	Υ	NA
508	UHC/South Jordan Health Center	G	University Healthcare	Salt Lake	South Jordan	U	Υ	NA
509	UHC/Stansbury Health Center	G	University Healthcare	Tooele	Stansbury Park	R	Υ	NA
125	UHC/University Hospitals & Clinics	G	University Healthcare	Salt Lake	Salt Lake City	U	Υ	592
309	UHC/University Orthopaedic Center	G	University Healthcare	Salt Lake	Salt Lake City	U	Υ	NA
510	UHC/Westridge Health Center	G	University Healthcare	Salt Lake	West Valley City	U	Υ	NA
422	Utah Surgical Center	I	MountainStar Healthcare	Salt Lake	West Valley	U	N	4
138	Utah Valley Regional Medical Center	N	Intermountain Healthcare	Utah	Provo	U	N	395
112	Valley View Medical Center	N	Intermountain Healthcare	Iron	Cedar City	R	N	48
411	Wasatch Endoscopy Center	I	MountainStar Healthcare	Salt Lake	Salt Lake City	U	Υ	3

	421	Zion Eye Institute	I	Freestanding	IV V asi ili igiori	St. George	R	N	2
--	-----	--------------------	---	--------------	---------------------	------------	---	---	---

¹Facility ID number. See page 10 for facility list in numerical order.

Note: The facilities with addresses, phone numbers, and number of beds in the above list, can be obtained as a "cut and paste" document from the website http://health.utah.gov/hda/usersupport.php and click on "List of data providers".

An alternative source for a list of Utah hospitals and ambulatory surgery centers is the Utah Department of Health Website, http://health.utah.gov/hflcra and click on "Facility Info".

²Owner category: G=Government, N=Not for Profit, I=Investor-Owned.

³Urban or Rural location of facility.

⁴Teaching facility (Yes or No).

CAH stands for Critical Access Hospital.

```
<sup>1</sup>Facility ID number. See page 10 for facility list in numerical order. <sup>2</sup>Owner category: G=Government, N=Not for Profit, I=Investor-Owned. <sup>3</sup>Urban or Rural location of facility. <sup>4</sup>Teaching facility (Yes or No). CAH stands for Critical Access Hospital.
```

Note: The facilities with addresses, phone numbers, and number of beds in the above list, can be obtained as a "cut and paste" document from the website http://health.utah.gov/hda/usersupport.php and click on "List of data providers".

An alternative source for a list of Utah hospitals and ambulatory surgery centers is the Utah Department of Health Website, http://health.utah.gov/hflcra and click on "Facility Info".